

## WEC rapid feedback to share with partners

### Meeting of 1<sup>st</sup> June 2023

#### Summary of Discussion

As agreed at WEC in May 2022, this is a summary of discussions and key actions, to be shared within 24 hours of the WEC meeting; more detailed notes and action log will follow.

**In attendance:** Sarah Dugan (Chair), Carole Cumino, John Devapriam, Mark Fitton, Hollie Hastings, Vivek Khashu, Ruth Lemiech, Nicola Malyon, Lisa McNally, Jo Newton, Jo Ringshall, Simon Trickett, Roy Williams, Jonathan Wells.  
In attendance: Lynda Dando, Chris Douglas, Alex Bourg.

#### **Performance reports by exception**

Chris Douglas was welcomed to the meeting in his new role as Director of Performance at WAHT.

Alex Bourg gave the elective and cancer updates.

Elective:

Forecast to eliminate 78 week waiters by end of July – this is a particular challenge in general surgery but an insourcing company is utilising theatres at the weekends, which is assisting with elective and outpatient work. The advantage of insourcing is that additional patient travel is not necessary. The trust are aiming to have nobody waiting longer than 65 weeks by end November 2023. Trajectory is that by end of March 2024, nobody waits longer than 65 weeks; reducing to maximum 52 week wait by March 2025.

In response to more granular detail about waiting times to first outpatient appointment, Alex agreed to explore what could be shared and this will be reported at the next GP and acute meeting, 12<sup>th</sup> June 2023

Cancer Although overall total waits have reduced, the target to ensure that nobody waits more than 62 days for treatment still requires some focus, particularly in urology which comprises more than half of the entire 62+ days backlog. There is also a backlog for biopsies and the potential for mutual aid from WVT and an insourcing company are being explored to improve the position.

Home First: The two internal 'flow' focussed workstreams are now being led by the trust Medical Director. The review of governance and refreshed approach will report to July WEC. The latest in a series of Ian Sturgess reports (conducted during March 2023), is being taken forward by the trust using the established 4Ward improvement methodology. Jo Newton reported that all of the Sturgess recommendations had been accepted and once the action plan is agreed it will be shared at a future WEC. Simon shared that the Sturgess report will feature in the ICB June development session, and emphasised the importance of a step change in performance now to get a grip over the summer months to be ready for winter.

**Place finance update**

Nicola Malyon reported that all colleagues should expect tight financial scrutiny over the coming months. An investment forum approach is being established to set up a system to monitor finances without impeding performance. There is clear direction from NHSE that we need to live within our allocation which we have not been doing of late. The focus is on recurrent efficiencies and consequently there is very little funding available for additional investment elsewhere. Nicola clarified that the Better Care Fund is treated separately and therefore protected. We do not yet have month 1 reporting across the ICB although we have already seen particular challenges around prescribing where costs continue to rise. There is an opportunity around elective to deliver more activity, attract more funding and treat patients more quickly.

**Primary Care Networks**

Hollie updated that a start has been made in implementing the Fuller guidance to assist with the access work and with a focus across the 3 pillars of: proactive care, prevention, and health inequalities. In discussing Fuller, partners recognised that for Worcestershire much of the groundwork had already been successfully implemented in primary care and the focus now would be on bringing partners alongside. The group discussed whether it was feasible to retain the rescheduled date for the Fuller workshop as this now clashed with a face to face Worcestershire winter planning event. Partners were requested to attempt to service both meetings. There was also an offer to reach out to other organisations to help them understand the implications of Fuller.

In terms of performance, Hollie reported that there are now an increased number of completed health checks and patients seen under lifestyle services than pre-pandemic.

It was agreed that a place based calendar would be created to assist colleagues in avoiding scheduling events at the same time for Worcestershire.

**Clinical Leadership - CPF**

Roy referenced the paper and highlighted the excellent work of the cardiology team in creating a really helpful resource for colleagues. The CPF group is functioning well.

**Delivery Plan for Recovering Access to Primary Care**

Lynda took the group through a comprehensive slide deck, highlighting that the PCN contract and investment is set withing a 5year framework which ends in 2024. There is no money and has been no inflationary uplift to the GP contract for the last 2 years, so understandably much of this has not landed well with primary care and LMC's across the country. The access recovery plan has 2 key ambitions – around tackling the 8am rush and enabling patients to know how their enquiry will be managed on the day they make it. As an ICB, our primary care performance is ranked as 4<sup>th</sup> best in the country. Discussion observed that the plan is misjudged as the issue is not access for primary care, it is a capacity problem. The new guidance may in fact exacerbate challenges as it does not prioritise continuity of care, which clinicians know can have a genuine impact on whether a patients ends up in ED. Staff retention in primary care, especially GPs, is a significant local priority.

Discussion regarding whether we are using alternatives such as good quality community assets and social prescribing services in a more co-ordinated way to reduce fragmentation and work towards a well-coordinated programme that reduces primary care demand. Ruth & Hollie to review with place leads.

Agreed community pharmacy should form a future agenda item.

**Place Director's Report**

Integrated urgent care and out of Hours Re-procurement

Ruth updated that this was still a work in progress and there was growing acceptance that although the ultimate integrated vision is very similar across both counties, the starting points are different, and places may need to take differing routes to achieve the vision. Further discussion will be held at the ICB Board development day and an update provided to WEC next month.

**AOB**

Jo reported that there is a junior doctors' strike scheduled fro 14-17 June which will impact services and performance.

WAHT have formally joined the foundation group and there will be a subsequent change to the chair and chief executive of the trust which will be discussed at the 8<sup>th</sup> June board meeting.

The next WEC meeting will be Thursday 6<sup>th</sup> July 3-5pm.

Ruth Lemiech  
Director of Place Development  
1<sup>st</sup> June 2023